Fill in this information	on to identify your case:	
Debtor 1	Jamaal Wheaton	_
Debtor 2 (Spouse, if filing)	Kashara Wheaton	_
United States Bank	cruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
Case number (If known)	23-13586	Check if this is:
(II KIOWII)		■ An amended filing □ A supplement showing postpetition chapter 13 income as of the following date:
Official For	<u>m 106l</u>	MM / DD/ YYYY

## Jiliciai Foitti Tubi

## Schedule I: Your Income

12/15

For Debtor 2 or

For Debtor 1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment					
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse		
	If you have more than one job,	Employment status	■ Employed	■ Employed		
	attach a separate page with information about additional		☐ Not employed	☐ Not employed		
	employers.	Occupation	Consultant	Health Care		
	Include part-time, seasonal, or self-employed work.	Employer's name	University of Pittsburgh	Healthy Start Inc.		
	Occupation may include student or homemaker, if it applies.	Employer's address	4200 Fifth Ave Pittsburgh, PA 15260	400 N. Lexington Ave Pittsburgh, PA 15208		
		How long employed th	here? 2 months	2 months		

**Give Details About Monthly Income** 

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 7,250.00 3,466.67 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 7,250.00 3,466.67

Schedule I: Your Income Official Form 106I page 1

	tor 1 tor 2	Jamaal Wheaton Kashara Wheaton		Case	number ( <i>if known</i> )	23-1358	36			
				For	Debtor 1		otor 2 or ng spouse			
	Cop	y line 4 here	4.	\$	7,250.00	\$	3,466.67			
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	965.18	\$	482.39			
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00			
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	208.00			
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00			
	5e.	Insurance	5e.	\$	707.37	\$	0.00			
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00			
	5g.	Union dues	5g.	\$	0.00	\$	0.00			
	5h.	Other deductions. Specify:	_ 5h.+	\$	0.00	+ \$	0.00			
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,672.55	\$	690.39			
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	5,577.45	\$	2,776.28			
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0.0	¢	0.00	<b>C</b>	0.00			
	8b.	monthly net income. Interest and dividends	8a. 8b.	\$_ \$	0.00	\$	0.00			
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		·	0.00	*	0.00			
		settlement, and property settlement.	8c.	\$_	0.00	\$	0.00			
	8d.	Unemployment compensation	8d.	\$_ \$	0.00	\$	0.00			
	8e. 8f.	Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8e. _ 8f.	\$_ \$_	0.00	\$ \$	0.00			
	8g.	Pension or retirement income	8g.	\$	2,486.39	\$	0.00			
	8h.	Other monthly income. Specify: Pro Rated Tax Refund	_ 8h.+	· —	947.16		0.00			
		Rental Payments from 3 Children	_	\$_	2,049.35	\$	0.00			
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	5,482.90	\$	0.00			
10.	Calo	culate monthly income. Add line 7 + line 9.	10. \$	1	1,060.35 + \$	2,776	.28 = \$ 13,836.63			
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	'	-	-		10,000.00			
11.	Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00									
12.		I the amount in the last column of line 10 to the amount in line 11. The result is the thick that amount on the Summary of Schedules and Statistical Summary of Certain ies				, if it	12. \$ 13,836.63  Combined			
13.	Do	you expect an increase or decrease within the year after you file this form?	?				monthly income			
		No.								
		Yes. Explain:								